2004
Provider Network Form A
and
Integrated Provider Network Database (IPND) - Final

	Fields		Provider Type		Field		Description/Valid Codes/Standard	For Use by	IPND Edit	OIC Edit
Control #	No.	Name	1	2,3,4&9	Type	Width				
	1	RecordControl	x	x	Text	1	Insert the letter "A" into this field. This indicates the beginning of the record.	OIC		
ID #s	2	ProviderID			Num	10	Leave this field blank. For OIC use only.	OIC		
	3	BusinessID			Num	10	Leave this field blank. For OIC use only.	OIC		
	4	PlanID			Num	2	Leave this field blank. For OIC use only.	Both		
Carrier Information	5	Network	x	x	Text	90	Enter the specific name used by the carrier to identify the network. Pattern is **NAIC#_NETWORK,** i.e., 12345_PPO	Both	Pattern Check	Pattern Check
	6	ProgramType	x	x	Num	1	Enter the following program types, HO = 1, BH = 2, PEBB = 4, CHIP= 8 for each practitioner, hospital, or pharmacy that participates in each program. For providers not participating in the above government programs, leave this field blank.	IPND	TR	NR
	7	HealthCarrier	x	x	Text	60	Enter the name of the carrier as it appears on the Certificate of Registration.	OIC		TR
	8	NAIC	x	x	Text	5	Enter the five digit NAIC (National Association of Insurance Commissioners) code assigned to the carrier.	OIC		TR
	9	NCI	x	x	Text	25	Leave this field blank. Reserved for the NCI (National Carrier Identification) code.	OIC		Length Only
	10	CaEmail	x	x	Text	60	Enter the E-mail address of the person who submits this provider network data. (Confirmation of processing requires a valid e-mail address)	OIC		TR
Information	11	PNPI	x	x	Text	13	Enter the Provider's Employer Identification Number (EIN) assigned by the IRS in the required format ##-#######. Hypen is required.	Both	Err	Pattern Check
	12	LicensePrimary	x	a	Text	10	Enter the professional license number in the format issued by the State of Washington, Oregon, or Idaho. See the attached table for format requirements.	Both	TR	TR
	13	LicenseStatePrimary	x	a	Text	2	Enter the state issuing the professional license. Use only the two character abbreviations, WA, OR, or ID.	Both	TR	TR
	14	LicenseSecondary	x	a	Text	10	Enter the professional license number in the format issued by the State of Washington, Oregon, or Idaho. See the attached table for format requirements.	Both	Err	TR
	15	LicenseStateSecondary	x	a	Text	2	Enter the state issuing the professional license. Use only the two character abbreviations, WA, OR, or ID.	Both	Err	TR
	16	InternalProviderID			Text	15	Enter the carrier's internal identification provider number. **Required for PEBB PCPs** using ProviderClinicCode (used for enrollment purposes). For providers not participating in the HO, BH, or PEBB government programs, leave this field blank.	IPND	Err - Prog 4 only	NR

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Provider I#	17	ProfDegree	x	a	Text	10	Enter the practitioner's professional title as listed on their license (e.g. MD, DO, ARNP, PA, LM, CNM) May be multiple if active.	Both	TR	TR
	18	LastName	x	a	Text	25	Enter the provider's full legal last name.	Both	TR	TR
	19	FirstName	x	a	Text	25	Enter the provider's full legal first name.	Both	TR	TR
	20	MiddleName	x	a	Text	25	Enter the provider's middle initial. Leave field blank if provider does not have a middle initial.	Both		Length Only
	21	Birthdate	x	a	Date	10	Enter the date of birth of the Practitioner. Must be in required format: MM/DD/YYYY.	Both		TR
	22	Gender	x	a	Text	1	Enter the gender of the Practitioner (M or F).	Both	Err	TR
	23	Language	a	a	Text	50	If the practitioner speaks other languages than English, enter the Language(s) abbreviations listed on the attached table. If the provider does not speak an additional language, leave this field blank.	Both		
	24	PrModDate	x	a	Date	10	Enter the last modified date of the provider information in carrier's system.	Both		TR
Contract Information	25	SpecialtyPrimary	x	a	Text	50	Enter the approved abbreviation of the provider's specialty from the attached table.	Both	TR	TR
	26	SpecialtySecondary	x	a	Text	50	Enter the approved abbreviation of the provider's specialty from the attached table.	Both		Length Only
	27	ProvidesObstetricCare	x	a	Text	1	Enter "Y" if the practitioner offers obstetric services, including birthing. If no, enter "N".	Both	TR	TR
	28	ProvidesPediatricCare	x	a	Text	1	Enter "Y" if the practitioner offers pediatric services. If no, enter "N". (Defaults to "N" if left blank)	Both		
	29	PCPSpecialistBoth	x		Text	1	Enter P = Primary Care Provider, S = Specialist, B = Both.	Both	TR	
	30	DateLastCredentialed	x		Date	10	Enter the most recent date the Carrier credentialed the provider. The required format is: MM/DD/YYYY.	Both		
	31	AcceptsNewPatients	x		Text	1	Does the Practitioner currently accept new enrollees for this health carrier and network? Enter "Y" for Yes, "N" for No.	Both		TR
	32	Limits	x	a	Text	50	Enter the practice limitations the provider places on his/her services (e.g., age 0-19, treats only adults, open 2 days a week). If no limits, leave field blank. For providers not participating in government programs, leave this field blank.	IPND		NR
	33	ProviderType	x	x	Num	1	Enter the correct provider type: 1=Practitioner 2=Hospital 3=Pharmacy 4=Clinic 9=Other. Cannot be blank.	Both	TR	TR

		Fields		Provider Type	Field		Description/Valid Codes/Standard	For Use by	IPND Edit	OIC Edit
	No.	Name	1	2,3,4&9	Type	Width				
Provider Con #	34	Start	x	x	Date	10	Enter the HO, BH, or PEBB provider contract effective date. Must be in the required format: MM/DD/YYYY. This date may be in the future based on the contract effective date. For providers not participating in the above government programs, leave this field blank.	IPND	TR	NR
	35	End	a	a	Date	10	Enter the HO, BH, or PEBB provider termination date, if known. Must be in the required format: MM/DD/YYY. For providers not participating in the above government programs, leave this field blank.	IPND		NR
	36	RestrictedMSO	a		Text	35	The definition of Restricted MSO is a Medical Service Organization or provider group that restricts referrals for members to MSO participating providers. If the provider being reported is a member of a restricted MSO, enter the name of that provider group. If the provider is not a member of such a group, leave blank.	IPND		NR
	37	Website	x	x	Text	1	Enter "N" for No if this record cannot be published on the IPND web provider directory. If provider is not contracted with the Basic Health Plan, Healthy Options or the Public Employees Benefits Board, leave the field blank.	IPND		NR
	38	BillingAddress	x	x	Text	1	Enter the value "Y" to indicate that the address reported is a billing only address for the provider and NOT the providers practice location. For providers not participating in the HO, BH or PEBB government programs, leave this field blank	IPND	TR	NR
Information	39	BNPI	x	x	Text	13	Enter the business's, clinic's or facility's Employer Identification Number (EIN) assigned by the IRS in the required format ## #######. Hypen is required.	Both	Err	Length Only
	40	BusinessName	x	x	Text	65	Enter the name of Clinic, Office, Hospital or Pharmacy, as listed on its business license.	Both	TR	TR
	41	StreetAddress	x	x	Text	72	Enter the address of the physical location of the Clinic, Office, Hospital or Pharmacy. May not contain Post Office Box numbers or separate billing address. No suite numbers permitted. Please use the accepted US Post Office format (See attached). Please note that this field has been lengthened and StreetAddress2 omitted.	Both	TR	TR
	42	City	x	x	Text	25	Enter the full name of the city in which the business is physically located. Abbreviations will not be accepted.	Both	TR	TR
	43	State	x	x	Text	2	Enter the state the Clinic, Office, Hospital or Pharmacy is physically located. Use only the abbreviations, WA, OR ID.	Both	TR	TR
	44	Zip	x	x	Num	10	Enter the postal ZIP code in which the Clinic, Office, Hospital or Pharmacy is located in the required format: #####.	Both	TR	TR

	No.	Name	1	2,3,4&9	Type	Width	Description/Valid Codes/Standard	For Use by	IPND Edit	OIC Edit
Business I #	45	County	x	x	Text	15	Enter the full name in capital letters of the County in which the Clinic, Office, Hospital or Pharmacy is physically located.	Both	TR	TR
	46	DayPhone	x	x	Num	23	Enter the daytime business telephone number in the required format: (nnn) nnn-nnnn ext. nnnnn. (Telephone extensions are optional)	Both	TR	Length Only
	47	AfterHoursPhone	x	x	Num	23	Enter the after hours business phone number in the required format: (nnn) nnn-nnnn ext. nnnnn. (Telephone extensions are optional) For providers that do not participate in government programs, leave this field blank.	IPND		NR
	48	BusModDate	x	x	Date	10	Enter the last modified date of Business Information in carrier's system.	OIC		TR
	49	Capacity			Num	4	Enter the maximum number of patients the Primary Care Provider can manage under the current contract for each program, listed separately. (Applies to field 33, Provider Type 1 records only.) If the provider is not a PCP, leave this field blank.	IPND		NR

The header of the Fields columns reads:

Fields		Provider Type		Field	
No.	Name	1	2,3,4&9	Type	Width

x = Required Field
a = Required if Applicable
blank = Optional

NR= Not Required, place holders must be used for the field but the field can be empty (allows for OIC submission when IPND submission is not required).
TR = Total Reject
Err = Record accepted, but requires corrective action by the health plan

Synopsis of changes in addition to combining the current data fields of both agencies:

Deleted Data Fields:

Row 37 of IPND report, "NAPB" (the Pharmacy board identification number)
Row 42, "Street Address 2" (Street Address 1, length expanded from 36 to 72)

Added or Modified Data Fields:

Row 4 "CarrierID" Reverts to "PlanID. Field will be "blank" and reserved for future use

Row 5 "Plan" will become "Network".

Row 8 "CIC" Company Identification code will be removed. Row 9, "NAIC" will move to Row 8 as CIC is deleted.

Row 8 "NAIC" will become a "TR" or total reject if the NAIC number is not used for all agencies.

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Row 11, Federal Tax ID # (To be entered into the existing fields for National Provider and business ID Numbers.

Row 24, PrModDate (Provider Modification Date) will become a total reject for both agencies if the date is not indicated.

Row 27, Obstet becomes ProvidesObstetricCare.

Row 28, Provides Pediatric Care (Y or N).

Row 29, "PSB" becomes "PCPSpecialistBoth".

Row 31, AcceptsNewPatients, changed variables from Y, N or E to Y or N. Removed the "E" (accepting new patients) variable.

Row 33, Made ProviderType consistent by requiring IPND submissions to include 4=Clinic and 9=Other.

Row 36, "RMSO" will become "RestrictedMSO".
Row 40, BusinessName, requires the legal name of the business.
Row 46, " Fax" becomes "AfterHoursPhone"

Provider Type **"9"** changed to practioners that do not require a license by the Department fo Health, i.e., physical therapy, etc.

OIC Point of Contact: Jennifer Kreitler-Telephone: (360) 725-7127 e-mail JennifeK@oic.wa.gov (new phone number)
IPND Point of Contact: Priscilla Simmons - Telephone: (360) 725-1639 e-mail simmops@dshs.wa.gov.